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Using IVR for Verifying Client Eligibility

Providers should check eligibility every time they deliver a service. The Interactive Voice Response (IVR) system is a free option to check a client's eligibility for services with or without a medical ID card.

The Department of Social and Health Services (DSHS) is changing to a new payment processing system known as ProviderOne. With the new system, DSHS will change to a more robust IVR system and a new medical ID card for clients. The new medical ID is called the "Services Card". The Services Card will replace the current paper Medical Assistance ID (MAID) card that is also known as the medical coupon. Although the client card is changing, the rules DSHS uses to determine client eligibility are not.

The transition from the MAID to the Services Card will require providers to change current business processes.

- The Services Card will be issued one time, not on a monthly basis
- The Services Card will only display the client's name and ProviderOne Client ID number
- The Services Card will not display eligibility type, coverage dates or managed care plans
- To ensure a claim is not denied for eligibility reasons, providers will need to verify client eligibility at the time of service

What is IVR?

IVR stands for "Interactive Voice Response." IVR is a phone technology where a computer responds to a caller's voice or touch tones during a regular phone call. Many businesses use IVR to help callers get what they need without talking to a customer service representative. Most of the information you will hear through the IVR system is pre-recorded.

Why should I use the IVR?

The IVR feature will help you make client eligibility inquiries if:

- You need client eligibility 24 hours a day, seven days a week
- You don't want to wait on hold
- A client does not bring a Services Card
- You do not have access to the internet
- You do not have a Magnetic Card Reader
- You need a free option for inquiring about client eligibility

How do I access the IVR?

Call **1-800-562-3022**

- From now until ProviderOne goes into operation:
 - Press 2 for "provider"
 - Press 1 for "client eligibility"
- When ProviderOne is operational – projected for December 2008:
 - Say "provider" or press 5
 - Say "client eligibility" or press 5

What information will I need?

When you call, you will need to provide these items:

1. Your NPI or Provider ID,
2. The client's Social Security Number or the client's ProviderOne Client ID number (which is located on the Services Card),
3. The client's Date of Birth (DOB), and
4. A single date of service.

What will I hear on the IVR?

The IVR system has multiple layers, allowing you to request more details. The first layer of information in the current IVR includes:

- Medicaid
- Medicare
- Managed Care
- If the client is in Long-Term Care
- If the client is in Hospice

After hearing the information, you will hear an option to say "more details." You will be prompted to say the topic you would like to know more about (such as "Managed Care" or "Medicare"). Then the system will give you another layer of detail about that topic.

How will the new IVR be different?

The IVR under ProviderOne will offer more data. In addition to the information provided in the current IVR, you can get details like:

- Third Party Liability (TPL)
- If a client is restricted to specific providers or facilities
- Client Medicare eligibility types

Want to know more about ProviderOne?

Visit the ProviderOne Internet site: <http://maa.dshs.wa.gov/providerone>.

Call us at 1-800-562-3022. (Select option 2, and then option 4).

Email us at providerone@dshs.wa.gov.